



Facts on Co-Occurring Mental Illness and Substance Abuse Disorders in Children and Adolescents

Providing effective and culturally competent services for youth with co-occurring mental illness and substance abuse disorders is essential. Since childhood is a critical time for the development of life skills, the failure to treat co-occurring disorders early has devastating long-term social consequences and contributes to high health care costs.

Prevalence

- Almost half of all youth receiving mental health services in the United States have been diagnosed with a co-occurring disorder.¹
- Eighty percent of people with multiple mental health and substance abuse disorders report onset before age 20.²
- Youth with behavioral disorders (i.e., conduct disorder, attention deficit disorder) are more likely to develop substance abuse disorders than youth with anxiety or depressive disorders, who are still two to four times more likely than their peers without mental disorders to develop substance abuse disorders.³

Unmet Needs and Consequences

- **Treatment rates.** One out of every eight adolescents with a mental illness has a co-occurring substance abuse problem. Less than 60% are appropriately diagnosed.⁴
- **Social costs.** Untreated youth with co-occurring disorders have high rates of suicide, medical problems, homelessness, unemployment, incarceration, truancy, difficulty concentrating in school or focusing attention on tasks at home, at part-time work or during extracurricular activities, and poor peer and parental relations.⁵
- **Health care costs.** Among youth, average annual treatment costs for co-occurring disorders are almost twice as much as treating mental health or substance abuse disorders alone.⁶

Effective Services

- **Integrated services.** Research shows that integrated mental health and addiction treatment programs that are specifically designed for people with co-occurring disorders

are most effective. For youth, services should be comprehensive and integrate legal, health, recreational and educational services. A team of family physicians, school psychologists and child welfare workers trained to assess and treat children with co-occurring disorders are integral to recovery. Unlike treatment for adults, services for youth with co-occurring disorders must be designed to suit the needs of the child's developmental stage.⁷

Barriers to Meeting Needs

- **Fragmented delivery system.** The health care system is fragmented, with different delivery systems and separate funding and administration for public mental health and substance abuse services. The lack of coordination between education, juvenile justice and child welfare systems further complicates the process of securing services for children with co-occurring disorders.⁸
- **Gaps in public and private insurance coverage.** Health plans continue to limit coverage for mental health and substance abuse treatment, ensuring that many American children will not have access to medically necessary, essential health services.⁹
- **Punishment instead of treatment.** Youth with co-occurring disorders often are incarcerated, rather than treated. Two-thirds of the one million youth in formal contact with the justice system (i.e., charges and/or court appearance) have one or more alcohol, drug, and mental disorders.¹⁰ Youth with serious mental illnesses make up approximately a quarter of the population in the juvenile justice system, and their numbers are increasing.¹¹
- **Insufficient knowledge.** Little is known about effective services for co-occurring disorders in children and adolescents and often substance abuse and mental health service programs designed for adults do not meet the needs of children.¹²

Recommendations

Policymakers can promote integrated treatment by:

- Increasing funds for integrated treatment programs and psychosocial and ancillary services that focus on developmentally appropriate programs to address the mental health and substance abuse needs of children and adolescents.
- Supporting multidisciplinary treatment teams and family education training programs that focus on effective evidence-based treatments.
- Funding initiatives to attract and maintain diverse and qualified service providers.
- Eliminating gaps in coverage by promoting parity for mental health and substance abuse services.

- Integrating public funding and delivery systems so that financial and administrative barriers do not impede research and the development of integrated systems of care.

Notes

¹ U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **5**

² U.S. Department of Health and Human Services. (2000, May) Draft 3: Prevention of Co-Morbidity in Children and Adolescents: The Nexus of Mental Health and Substance Abuse. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **3**

³ U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **6**

⁴ King, R.D., Gaines, L.S., Lambert, E.W., Summerfelt, W.T. & Bickman, L. (2000). The co-occurrence of psychiatric and substance abuse diagnoses in adolescents in different service systems: Frequency, recognition, cost, and outcomes. *The Journal of Behavioral Health Services & Research*, 27, 428.

⁵ The President's New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in American. Final Report*. (DHHS Publication No. SMA 03-3832). Washington, DC: U.S. Government Printing Office. **59**; U.S. Department of Health and Human Services. (1999, April). The relationship between mental health and substance abuse among adolescents. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **1**

⁶ The average cost of treating youth with co-occurring disorders is \$29, 057 while the average cost of treating youth for either a mental illness or substance abuse disorder is \$13, 067. King, R.D., Gaines, L.S., Lambert, E.W., Summerfelt, W.T. & Bickman, L. (2000). The co-occurrence of psychiatric and substance abuse diagnoses in adolescents in different service systems: Frequency, recognition, cost, and outcomes. *The Journal of Behavioral Health Services & Research*, 27, 417.

⁷ U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **79**

⁸ U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **78**

⁹ U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **79**

¹⁰ U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **91**

¹¹ U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **91**

¹² U.S. Department of Health and Human Services. (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. **78**